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The Health Care Quality Improvement Program

HCQIP

Making It Work



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1.

Introduction

*HCQIP projects
should improve
the quality of care.*



"Your policy simply states, 'A semi-private room.'"

How To Use This Workbook

This workbook contains reading and activities for you to complete. This combination of text and activities supports the concepts brought out in the HCQIP videos. However, the workbook is designed to be used independently of the videos. To promote further thought, "Think About It..." notations are scattered throughout the text. The workbook will enable you to evaluate your progress as you go through the Quality Improvement cycles.

When you have completed the workbook and videos, you will have an understanding of:

1. The Health Care Quality Improvement Program (HCQIP)
2. How HCQIP came to be
3. The role of the PRO in HCQIP
4. The essential steps of a successful HCQIP project

The Text

The concepts and methods of the Health Care Quality Improvement Program (HCQIP) are reinforced in the workbook text. Chapter headings and subheadings serve as guidelines to the major concepts and skills covered.

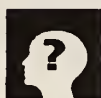
Icons

Look for these symbols throughout the workbook.



Video-related discussion

Relates to scenes or interviews from the videos



“Think about it.”

Interspersed with the text are a series of notations that will help drive home key points. These notations will give you additional food for thought and discussion.



Communications tip



Hot topic for discussion

Discuss with your co-workers. The topic probably has more than one right answer.

Questions, Clarification, and Comments

If you have any questions after you read through the workbook and watch the videos, talk to your supervisor or Regional Office contact.

2.

Background: The Health Care Quality Improvement Program

Why And How It Came To Be

In 1982, Congress established Utilization and Quality Control Peer Review Organizations (PROs). The mission of the PROs can be broken down into two broad functions:

- To preserve and promote quality health care services for Medicare beneficiaries
- To determine if services rendered are medically necessary, appropriate, and meet professionally recognized standards of care.

"A few years ago, HCFA asked the PROs to change the way they do business, from an enforcer or watchdog role to a collaborator or facilitator role in improving the quality of care."

- Richard C. Dicker, M.D., M.Sc.
Chief Medical Officer, Boston Regional Office, HCFA
Boston, MA

The Health Care Financing Administration's (HCFA) mission is to assure health care security for beneficiaries. If health care security means that beneficiaries have access to quality care, that their rights and dignity are protected, and that they and their providers have clear and useful information that allows them to make sound decisions about care, then the missions of the PROs and HCFA aren't that far removed from each other. Our common goals can be summed up with the four "P's":

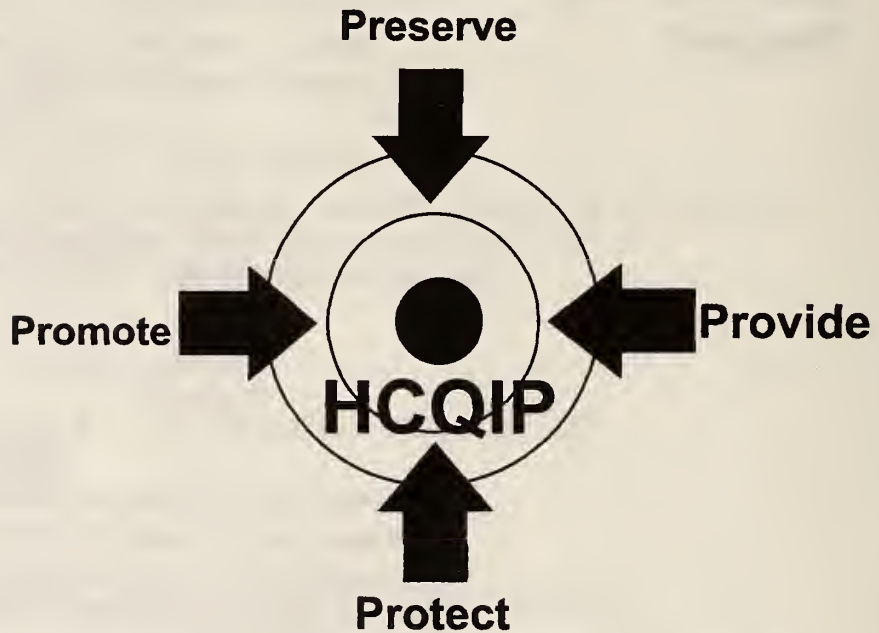
Preserve quality care.

Provide access to that care.

Protect the rights of the individual.

Promote professionally recognized improved standards of care.

Preserve, provide, protect, promote...those four concepts have given rise to the Health Care Quality Improvement Program, or HCQIP. The HCQIP shifted the role of PROs from that of enforcer to one of partner by emphasizing quality improvement projects as the primary measure of the quality of care given to Medicare beneficiaries. The mission of HCQIP is to improve health care for as many Medicare beneficiaries as possible.



Quality Defined

First, let's establish and agree upon a working definition of quality. Quality can mean many different things to different people who work in many different industries. Quality has a multitude of meanings, depending on your industry perspective.

Activity

In the space below, write out your definition of quality as it relates to your job.

The Institute of Medicine's definition of quality is "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

The goal of the whole health care quality improvement movement, in general, is to help all involved — providers, partners, patients and populations — get the job done right the first time. Quality improvement applies to any job, from surgical techniques to cancer screening to laboratory procedures and to the thousands of small transactions that the larger ones rely on. Quality improvement is within the grasp of everyone interested in making the health care delivery system less hassled, less wasteful, more productive, more effective, and more appreciated.



How does your definition of quality differ from the Institute of Medicine's? Does your PRO have a definition of quality or quality assurance? If so, write it out below.

If you combine the Institute's and your PRO's definitions with the concepts just discussed, you should have a definition of quality something like this:

Quality is preserving, providing, protecting and promoting effective and efficient, professionally recognized improved health care service that increases the likelihood of desired health outcomes for Medicare beneficiaries.

Now that we have a working definition of what "Quality" in the Health Care Quality Improvement Program means, we can talk about the goals of the program and how they translate to your profession.

*Improved processes of care
should result from HCQIP projects.*



*"I don't use anesthetics anymore. I just
give them an estimate of their hospital bill."*

"I think the quality movement has only just begun...it's a little baby. I see the stage being set for the next phase...understanding what it's like to center an entire industry on improvement as its major goal. "

- Donald M. Berwick, M.D.
Pres. and CEO, Institute for
Healthcare Improvement

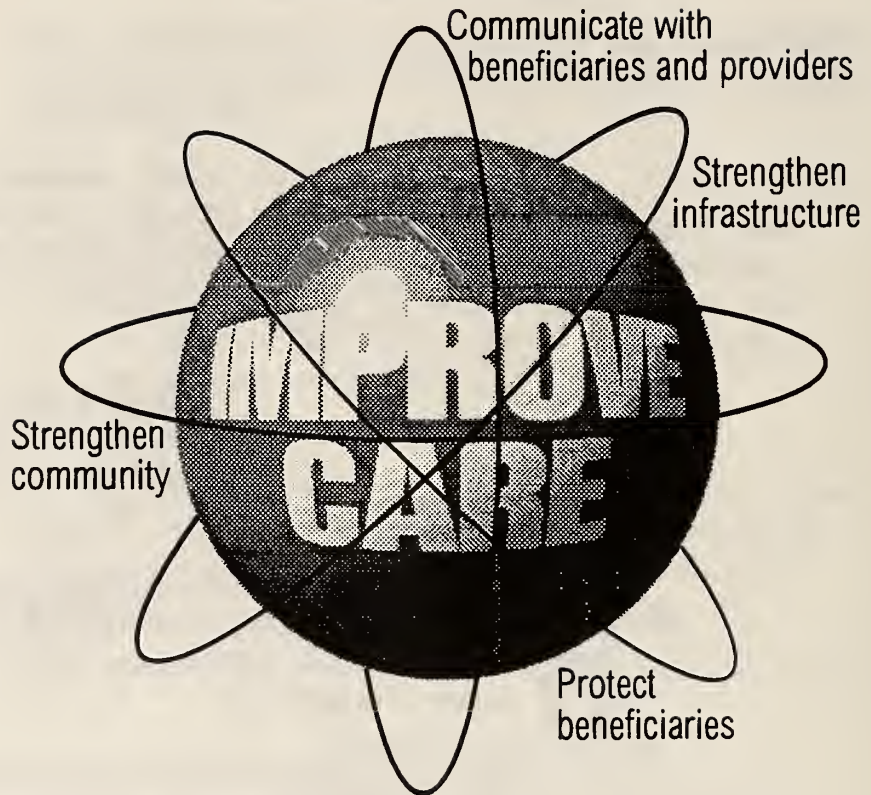


How do you envision the next phase of quality improvement in health care? If you follow Dr. Berwick's analogy and say this movement is now "a little baby," what will it look like as a toddler? Teenager?

The overall goal of HCQIP is to impact health care through improving established practice guidelines that are consensually valid and clinically measurable. What does that mean for your job? How do you take that goal and translate it into goals that can be woven into your career at your PRO? How does "promoting the quality, effectiveness and efficiency of health care service to Medicare beneficiaries" break down into a set of practicable goals?

Look at the environment in which you work. That environment is not comprised of you alone. You're part of a community of organizations and individuals with shared interests and commitments. They are your customers. You all are striving for health care quality improvement. That community needs to band together as a neighborhood community would to accomplish the following goals.

HCQIP Goals



Goal #1: Strengthen The Community Of Those Committed To Improving Quality

Your first step is to treat everyone in the quality improvement community as a customer whose needs are central to your mission. Together you can accomplish an incredibly valuable mission. The key is doing it together.



Involve everyone in your work community: practitioners, providers, plans, and, the ultimate customer, the beneficiary. Include delivery systems, states, and accreditors in developing your quality improvement agendas, programs, and projects. Start communicating early. Spread the word, seek the resources, and nurture the enthusiasm.

Goal #2: Monitor And Improve Quality Of Care

The second goal moves the team into quality improvement projects. This is where you get to develop the project and see it improve the quality of care the beneficiary receives.

When you have first planned the project, then used quality indicators based on best practice guidelines and widely accepted practice parameters and are monitoring and measuring the outcomes, you are bringing the team together to preserve the quality of care.

Goal #3: Communicate With Beneficiaries And Providers To Promote Informed Health Choices

The beneficiary is the ultimate consumer and customer. The provider is also your customer. Together they can help you identify and understand their health care information needs. By sharing that information with your entire work community, you can satisfy the customers' needs and empower people to participate in informed and improved health care decisions.

Goal #4: Protect Beneficiaries From Poor Care

If you identify instances of gross and flagrant health care quality problems, it's your responsibility to intervene on behalf of your customer. Working closely with your community will give you the opportunity to be constantly monitoring care and to resolve issues quickly and effectively. The customer will be satisfied and protected from substandard care.

Goal #5: Strengthen The Infrastructure

The business systems you put in place for developing projects, abstracting data, monitoring and measuring outcomes, and disseminating information are all part of the underlying groundwork, or infrastructure, of your organization. As time passes and you become more adept at the project process, your ability to receive, hold and disseminate this information will grow. You will be building capacity.

To nurture this capacity building, each PRO should look at both internal and external capacity building factors. Internally, how quickly are you moving through the project process and achieving project milestones now, as opposed to when you did your first project? Other comparisons you could make would include how many providers now participate versus the number of participants you had a year ago. Do you have more projects that have a greater impact on the targeted population than you did a year ago?

Externally, how are continuous quality improvement (CQI) factors being built upon and applied to other systems? If you completed a project that identified opportunities to improve care and resulted in the development of a critical path, were the results extended not just to Medicare beneficiaries, but to the entire patient population? Are providers, practitioners, and plans mounting successful CQI activities to improve care as a result of your involvement with them? Are you helping others see the quality improvement “big picture?”

3.

Implementing the Health Care Quality Improvement Program

The Quality Revolution

*"The good news: Nobody really knows what they're doing or where they're heading. The bad news: If you still believe in hierarchy, job descriptions, and functional boundaries, and are not experimenting madly with new approaches to boundaryless, networked, virtual organizations engaged in ever-changing conversations with ever-changing partners, you're already in deep yogurt. Big firm or small, the opportunities have never been greater - and the downside more certain. All that's left is to **change** everything"*

- Tom Peters, *Working Woman*
September, 1993

The quality revolution is impacting every industry, nationally and internationally, large and small. And revolution of any type means that things (in this case, the way you do business) will change. In today's competitive and complex society, organizations are seeking new ways to cope with or even take advantage of change.

Customers have come to realize that they have the power to define quality. Quality performance, quality products, and quality service are more and more becoming customer defined.

You probably can think of your own example of poor quality in performance, a product, or service. The point is more and more customers are refusing to put up with shoddy treatment and poor merchandise. In search of quality, they're taking their business elsewhere. They have the power to make that decision.

Quality As The Catalyst For Change

The quality revolution is synonymous with change; the demand for quality is the driving force, or catalyst, behind the changes we all must make to provide excellent service and satisfy our customers. Where do those changes begin? Changing times require changing responses; changing the way we view our jobs and the processes by which we do them. It means beginning the "change initiative."



The Change Initiative

Today, as the impact of change intensifies, people in organizations are becoming increasingly aware of their own worth. You have the opportunity to take the initiative and change or adjust standards of behavior and attitude in your organization. Reasonable expectations would include:



- Establish open lines of communication with managers and members of the business group.
- Build cooperative (not competitive) relationships within the work community.
- Derive a sense of achievement and satisfaction from work.
- Make quality contributions to the organization's success and be recognized for these efforts.

You contribute to the atmosphere, behavior, and determine the success or failure of an organization. That's why people are an organization's most valuable resource.



*"Of all the assets available to an organization, the human resource is the only one that can **increase** in value; all the rest will depreciate over time."*

-Tom Peters, *Working Woman*
September, 1993

If you're demanding quality of yourself and others, the "change initiative" becomes the natural fallout. But it also may be true that as part of that initiative, the system or **process** by which you do your job could use reengineering.

*The new approach
may mean
changing some
of your processes.*



"Folks, I feel as if we're turning a corner."

A process is a series of work steps that result in a particular product or service for the customer. Within *every* process lies the opportunity for improvement. That opportunity is either a problem preventing you from meeting a customer expectation or a chance to *exceed* customer expectations. When you improve the process, you improve the outcome...in this case, the quality of health care for beneficiaries.

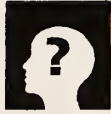


Activity

Improving the processes by which you do business can lead to health care quality improvement. Take a look at the processes you use every day to conduct your business. How might they be improved to reach the objective of quality improvement? For instance, are you communicating effectively? Have you tapped all of the resources available? Are you continuously looking for ways to improve your product and service? Fill in this chart to help you evaluate and perhaps improve your business processes.

BUSINESS PROCESS	METHOD TO IMPROVE PROCESS

As you can see, the "change initiative" means change on all levels. It can alter the very real but often unseen systems of an organization, the ones that don't appear on the organizational chart. It can alter the ongoing behavior of everyone in the organization. Change is a continuous effort; in the way people work, the way they view their jobs and the process, as well as the expectations that they have. The "change initiative" drives behavior change. Changed behavior will help the Health Care Quality Improvement Program take on a life of its own.



"The Quality Improvement Program also affected our thinking by having people work together in new ways. We used to operate departmentally, never mixing. Now we put together teams involving all kinds of people and departments to deal with specific projects or problems. As a result of working together, we see each other as equals, we understand each other's jobs better, and we have an opportunity to support each other's projects."

-Sharon Faltemier, Raychem Corporation
Leading Teams: Mastering The New Role
(John H. Zenger)

Working As A Team

One definition of a *team* is "a number of people taking joint, cooperative action to achieve goals successfully." People come together as a team because they have a commonly held, important purpose. And they support and augment each other's efforts to achieve that purpose. But once people come together in an effort to become a team, what are they supposed to do in addition to everyday work assignments? HCQIP team members work together to complete these basic tasks:

- ✓ Identify opportunities for improvement in support of the program mission and goals.
- ✓ Set team goals.
- ✓ Formulate and take action to achieve their goals.
- ✓ Make decisions that support their goals.
- ✓ Measure, report, and evaluate progress toward their goals.
- ✓ Adjust plans based on the achievement of their goals.

Could one person complete those tasks? Probably. Then why do we need teams? When the desired outcome of the work depends on integrating multiple organizations and diverse skills. As a team, you and your work community have the opportunity to release, then multiply, the effectiveness of all the members.

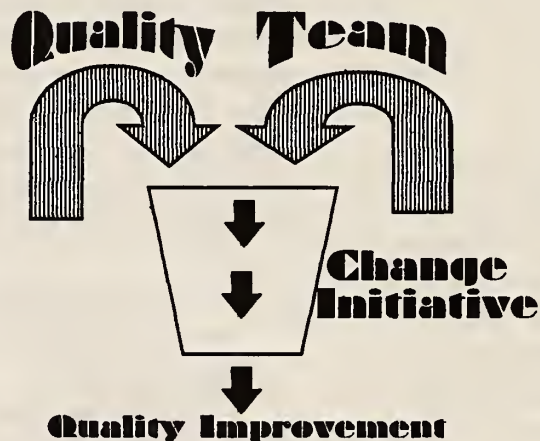
You have the opportunity to develop and implement quality health care improvement programs that satisfy the customer and the mission.



Creating The Team Environment

Working in teams is challenging. To many who are accustomed to working in organizations that encourage and reward individual achievement, the team process can seem an alien, even unnatural, way to accomplish goals.

The environment in which a team works becomes, therefore, of the utmost importance. That environment needs to create encouragement and a positive chemistry between team members. How many times have you heard film critics speak of the chemistry which exists (or is lacking) between the leading lady and leading man? Good chemistry means good results both on and off the screen.



Listed below are some of the practices that can help set your team's chemistry in motion and make them more effective at implementing improved quality of care.

- Identify, seek out, and welcome additional members who can bring needed new skills, knowledge, and experience to the team.
- Establish rules and clarify roles.
- Forge a common vision.
- Set appropriate goals.
- Devise appropriate working methods.
- Openly examine alternative courses of action.
- Reach consensus on a plan.
- Accept personal responsibility for meeting the team's goals.
- Be aware of and value the differences each team member brings.
- Do what needs to be done while respecting personal and professional boundaries.
- Contribute your best thoughts and ideas to team discussions.
- Take the initiative.
- Keep track of the team's progress.
- Stay informed of each member's activities and achievements.
- Support the team's decisions.
- Encourage risk taking when it furthers the team's goals.
- Measure and reward performance that contributes to the team's success.
- Be a coach to and champion for the team throughout the work community.

Once you have identified those who can further the mission as team members, contact them to talk about joining the team. By promoting your common goals and interests and the benefits of working together to improve health care practices, they will understand your commitment to making the team process work.

Get people on your team who can help in the HCQIP process.



"Mr. Ludlow is no longer with us. He's been traded to Breuer, Hoffman, Kingsly and Smith in exchange for a first round draft pick from Harvard Business School."

The benefits of doing business as a team whose driving forces are quality improvement and customer service are clear. You all reach the goals you've set, you personally adhere to your mission as a PRO, and, most of all, your team is helping patients to become informed consumers. It's where we need to be if we are going to be successful...and everybody wins!

"I would recommend that you participate with your PRO in any project. We're involved with the congestive heart failure project and the fractured hip project, and we've not had any negative experiences whatsoever. The PRO has been very supportive and provided data that we could not get in any other way."

- Shirley Clarke, RN, Utilization Manager
Columbia Hospital, Jackson, TN



Have you been involved with similar success stories? How do you celebrate these successes?

ACTIVITY



Talk to a friend or acquaintance who works in a *different* industry. Ask them to explain the changes and quality improvement issues their organization is undertaking to remain competitive and satisfy customers. What similar issues are both your industries experiencing? In what ways is the other industry making strides in quality improvement that may benefit your organization, your team and your daily work? Write down several quality initiatives that might be beneficial.



Think about a situation you have been in where change was a factor. How would you describe attitudes and atmosphere? What were the critical elements that made the change successful?



Communicate with your team.

4.

The Basics: Developing A Program Of Intervention

Let your customers know you are there to help them.



"We have, from the very beginning, sold the concept that HCQIP is about capacity building and being prepared for a competitive health care economy. For a hospital or medical staff to be prepared, they have to understand their own performance and be able to use data to improve themselves."

- Bill Golden, M.D.
PCC, Arkansas Foundation
for Medical Care

The quality revolution, the change initiative, process improvement, and working as a team can all have an impact on your job. And they can all become a part of your overall intervention program. You intervene to preserve, provide, protect and promote on behalf of the beneficiary.

But how does all that translate to your job? It translates in the behaviors and attitude you have toward your job itself, the medical community you work with, and the beneficiary you serve. If quality, change, process, and teamwork become a natural part of your behavior toward your job and your attitude toward others, you will have already begun to develop a program of intervention.

Let's take that theory further and look at a series of steps in the process, or cycle, that will help you attain the goals you desire.



"Yes, we bought into that theory, but the problem was putting it into practice. Until we developed a system of procedures, or series of steps to follow to get to a quality final product everyone was doing it their way...it was chaos and we were not producing what we needed to produce to satisfy our customers."

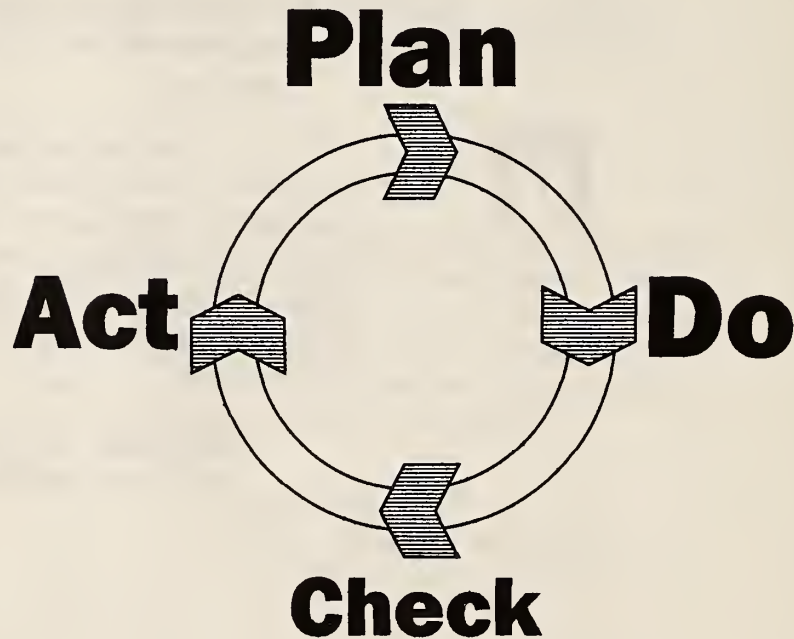
- Joe Dulaney, Levi Strauss & Co.
Leading Teams: Mastering The New Role

The Plan, Do, Check, Act (PDCA) Cycle

Every business needs a proven process that helps the individual and the organization reach their goals and mission. The cycle we're going to talk about in this next portion of the workbook will help you take your overall program of intervention and apply it to every project you develop.

The PDCA Cycle is a process by which you can develop, implement, manage and redevelop quality health care improvement projects.

Preserve quality care, provide access to that care, protect the rights of the individual, and promote professionally recognized improved standards of care. That's what PROs and HCFA are trying to accomplish. The PDCA Cycle can help you reach those goals.



Let's take a brief look at each phase of the PDCA cycle.



Plan: Developmental stage in which you generate the idea for the project, perform a needs assessment and feasibility study and develop quality indicators.

Do: Identify the opportunities quality indicators may present to improve care. Intervene to improve care.

Check: Evaluate the process by remeasuring the quality indicators of the project.

Act: Disseminate the project results. Repeat the PDCA cycle by identifying additional opportunities to improve care.

It's important to understand two primary factors about the PDCA cycle:

1. Each step in the cycle takes **time**, and no step can be passed over.
2. It's a **continuous** cycle; the project continues as different projects overlap or lead into another.

We talked earlier about every business needing a proven process that helps the individual and the organization reach their goals and mission. Let's take the example of the fictitious company Hanson Plastics. Hanson manufactures plastic faucet washers of all sizes. Their company mission statement reads like this:

"Hanson Plastics' mission is to produce quality products and provide excellence in customer service. We are committed to continuously improving quality through the investment in research and development of new products and the process by which those products are manufactured. We are committed to continuously improving customer service by taking the time to listen to our customers' product and service needs and always putting those first."

These are strong words. Clearly this is a company that wants to stay in business and knows that it must be continuously involved in an improvement cycle, or process, to stay competitive.

Here are some of the words we picked from Hanson's mission statement that could have a positive impact on your job.

Key Words

Positive Impact

<i>Mission</i>	Gives my job its purpose
<i>Produce</i>	The project work I develop
<i>Improving</i> -	What I strive to make better
<i>Quality</i>	The basis of my goals and mission
<i>Customer Service</i>	Expected by the beneficiary and the team
<i>Continuously</i>	Always working to improve care; The PDCA cycle
<i>Research</i>	What I do to develop a project
<i>Development</i>	The "P" in the cycle
<i>New products</i>	The result of the continuous HCQIP
<i>Process</i>	My series of work steps
<i>Manufacture</i>	The process I go through to develop the project
<i>Time</i>	What each step in PDCA will take
<i>Listen</i>	Customers and the team will talk about their needs
<i>Needs</i>	For improved care; for both the beneficiary and the team

Your business is really no different from that of Hanson Plastics, except in the context of the final product you manufacture.

ACTIVITY

Find the mission statement for your organization. Make two columns on a piece of paper and put the key words in one column and the positive impact in the other. How does your job relate to the mission statement?

“You have to be a risk taker, and you have to believe in the people you work with. It’s all an opportunity to continue to improve as a team. We’ve made some very critical changes within the burn unit, and it has worked. We’ve been very successful.”

- Thelma Inkson, University of Alberta
Hospitals

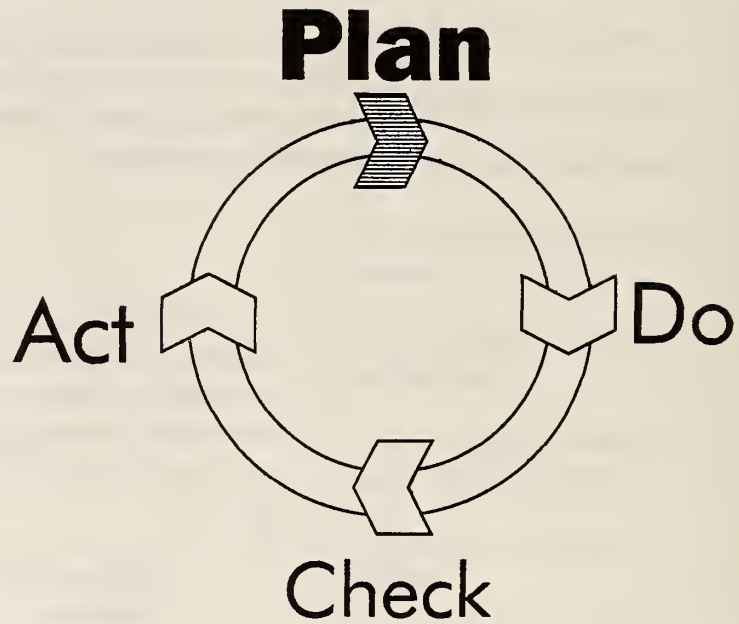


If quality, change, process, and teamwork become part of your behavior toward your job and toward others, you already have begun to develop a program of intervention.

5.

Getting Started: The PDCA Cycle Of A Project

P = Plan



Developing The Idea

The ideas you begin to develop for projects should be based on the needs of the customer as well as be clinically measurable and consensually valid. Understanding the needs and the nature and extent of the problem to be solved will help clarify your ideas.

It also is important to identify and assess existing projects in the same topic area that already may be underway in your health care community. Those existing projects may benefit or detract from the work you propose to do. If someone has already done a similar project, you could be reinventing the wheel.

There are many sources available to help you in the consideration of project ideas. Some of those sources are listed below, but don't limit yourself to this list. You should continuously foster other sources within your community. The team approach and a cooperative process in developing your ideas can unearth a wealth of information.

Sources For Developing A Project Idea

- ✓ Literature
- ✓ Personal knowledge base
- ✓ Beneficiary needs
- ✓ Existing guidelines and existing critical pathways
- ✓ Existing provider quality improvement projects
- ✓ Surveillance analysis
- ✓ Best practices case book
- ✓ HCFA National Pilot Projects
- ✓ Input from study groups and master committees
- ✓ Spinoffs from existing projects
- ✓ Educational interventions of health care providers

*Search
the
Literature.*



The organizations that represent some of these development sources can also be of great value to this portion of the Plan cycle. Your interests in the project topic may be very similar, giving you the opportunity to establish a team that deals with the issue as a cooperative project.



Several different scenarios were presented in the first video that depicted the variety of settings that can give birth to project ideas. Have you had experience with ideas cropping up in unusual places?

ACTIVITY

Write down some of the ideas you've not yet pursued that have the potential to develop into clinically measurable and consensually valid quality indicators.

Ask yourself how each might improve care. Write the improvements in the space below.

The first idea can improve care by:

The second idea can improve care by:

Community Needs Assessment

As you develop ideas for the project, you also need to assess the targeted community of your potential project to identify quality improvement activities that are already underway, about to begin, or have already been attempted or completed. Can you benefit

from existing efforts? Will any current activities serve as detractors from what you are trying to accomplish? This assessment also will allow you to identify organizations with interest in the topic of your proposed project who might be motivated to support your efforts.

If you find that the potential outcomes don't support the basic PRO mission to preserve, provide, protect and promote the quality of health care, or that there isn't support in the literature or guidelines for a particular topic, you should not be moving forward with your project. Take time to study all sources on your idea for quality indicators in a systematic way. This is the time for all the preliminary digging. The facts and numbers must sustain your idea and make a case for the need. Through assessment, you also may find that a slightly different spin on your initial ideas will develop into quality indicators that address the need as it exists.

Activity

As you begin to plan a project you must set clear objectives for the outcome, such as who will benefit and how. Recap one of the ideas you had for a project in the previous Activity and list your objectives below:

Idea: _____

Objectives:

1. _____
2. _____
3. _____

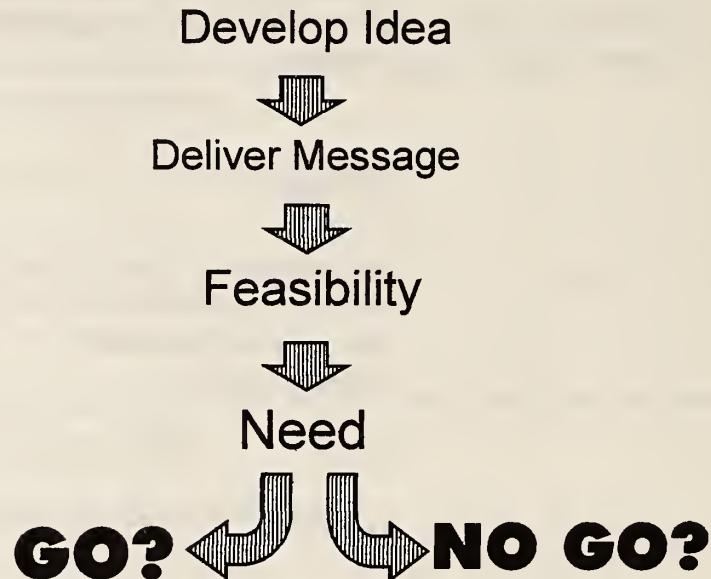
Feasibility

Once you've developed the idea and have qualified that the need exists, you should ask if the idea can become a project. Is it feasible? Your idea should become a project that:

- Has application to the local area and the audience you target
- Is marketable to the community
- Meets one or more of your objectives

Additional investigation into the idea you've developed will help to establish the feasibility of the project. Evaluate prior studies, review the literature, look into billing and encounter data, seek validation by health care providers, and talk to all the members on your team to get valuable input.

Now that you have all the appropriate information about your proposed project, you must make a decision. Should the project move forward? Is it a "go" or a "no go?"



No Go

If all the pieces — application, marketability, and objectives — don't seem to fit together, or your idea interferes with or duplicates projects already underway in that topic area, you should move on and pursue other ideas. It will be disappointing, but it's better to make the right decision now than to find yourself embroiled in something that doesn't reach your goal of improved health care.



Go!

Enter Project Into Quality Improvement Projects (QIP) Database

You have assessed the need and feasibility and have given the green light to your project idea. All of the information you have collected now needs to be entered into QIP. This step will help you to manage effective and efficient project implementation.

The information reported in the Narrative Project Document (NPD) section of QIP should be comprehensive and dynamic. The NPD template included in the workbook Appendix lists the information you should include in your QIP entry. Use the collective knowledge and expertise of your team's members to complete the NPD. A team effort gives all a chance to commit to the project, which results in a sense of ownership.



Is your behavior toward quality and process improvement changing? Have you had the opportunity to be creative? Do you see the quality of what you do and how you do it benefiting your customers?



"The HCQIP is the opportunity to involve everyone in a statewide quality improvement program to make a difference."

- Donald M. Berwick
Pres. and CEO
Institute for Healthcare Improvement

Marketing The Project

You've researched, designed and manufactured the Plan. Your next step in the "Plan" phase of PDCA is to market and sell the product to your work community.

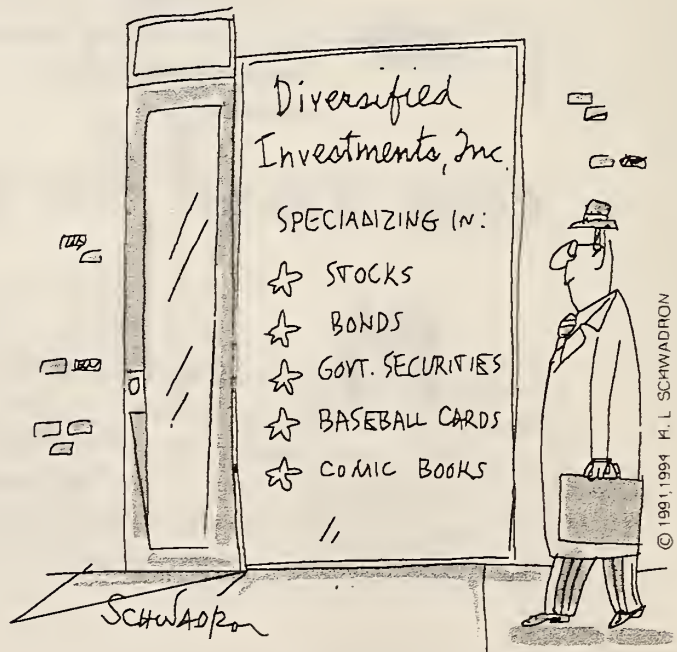
For your plan to be successful, the groups you'll be asking to implement it must have a clear understanding of what it's all about. They need to know the why and how of the plan and the expectations you have.

Communicate the message of your plan early and often. Set up face-to-face and group meetings to explain the project. Perhaps you want to develop an outline of the plan that explains the plan's purpose and proposed outcomes.

Be prepared to answer any and all questions about the project. If you don't have the answer, say so, then get back to that person as soon as possible with the correct information.

Your enthusiasm can be infectious. It can help you gain support, change behaviors, and spread the word better than just about anything.

*Market
your
product.*



"Selection of a quality indicator for which there is already good performance is again unlikely to have a substantial impact. The key issue is what do people care about and what is likely to have a major effect."

- Harlan D. Krumholz, M.D., M.S.
Associate Clinical Coordinator, CPRO
Asst. Professor, Yale University School of Medicine
Director, Yale-New Haven Hospital
Center for Outcomes Research and Evaluation

Identifying And Defining Quality Indicators

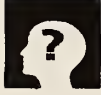
To progress with a project, you must identify the quality indicators that will be the measures of the process. Briefly defined, a quality indicator is a measure of practice or process that will improve the health outcome for the beneficiary. Each of the projects you implement must have at least one quality indicator, with supporting data that establishes a baseline using the indicator.

The basis of your project must be one or more measurable quality indicator(s). The focus of the indicators you identify should be on:

1. The processes of care where there is consensus on the treatment approach, or ;
2. Where the indicator(s) have already been linked to improved quality outcomes.



A word of caution. You are **NOT** to research new relationships between processes and outcomes. Don't spend time trying to establish links that don't already exist.



“One of the biggest challenges in developing quality indicators is finding the sources of information that support those indicators. Established guidelines serve as an excellent foundation for the development of quality indicators. They represent the research of many individuals in constructing clinical practices that have positive health outcomes. Guidelines are generally practices that should be applied to large numbers of patients. While guidelines are not quality indicators, they will give you a basis from which to derive the appropriate indicators.

In the absence of guidelines, a thorough search of the medical literature can result in finding the evidence to support the development of quality indicators. You are encouraged to undertake projects which have a compelling scientific base and/or that rest on solid professional consensus. That means your indicators need to be valid and reliable, as well as measurable.”

-Harlan D. Krumholz, M.D., M.S.



“In terms of building new quality indicators where none exist, you need to be sure you’re building on good measurement practices and ensuring that the data you’re basing your indicators on is reliably abstracted and has clinical validity.”

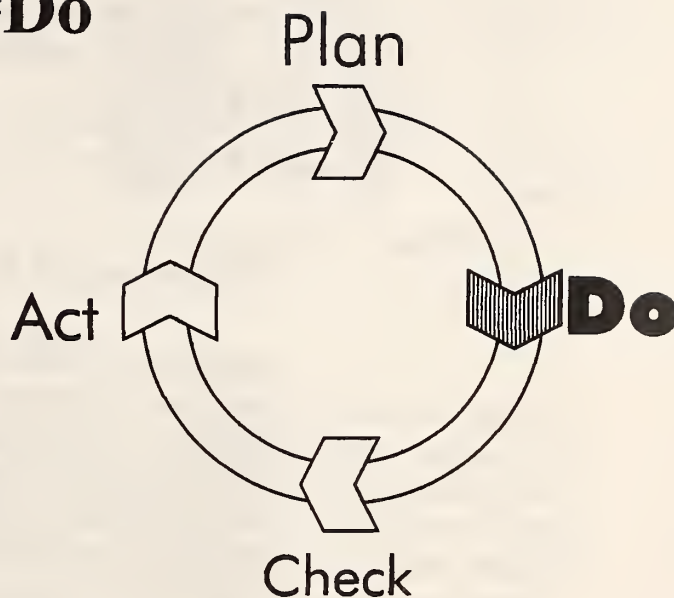
- Ed Huff, Ph.D.
Director of Analysis and Project Development
Northeast Health Care Quality Foundation, Dover, NH

6.

The Opportunity To Improve Care

Intervention

D=D₀



In identifying the data sources from which to measure your quality indicator(s), think effectively. Your objective is to identify the opportunity to improve care, so collect only as much data as is necessary to meet the objective and validate the indicator(s). Too much data can muddy the waters, making it unclear exactly what you're attempting to improve.



Remember to seek the input of your team. Health care providers, practitioners, hospitals, associations in the community, all can provide valuable input.

The data you collect needs to be valid, reliable, and measurable. You should use the minimum sample size needed to confirm the opportunity for improvement. This is also the time to validate the accuracy and reliability of the data. Some of the sources to look toward as you begin to collect data include:

- Project data collection from medical records
- Billing data from hospitals and /or managed care plans
- Surveillance data
- Encounter data
- Beneficiary complaints

Sampling types may include:

- Population based (sample drawn from eligible beneficiary population)
- Hospital specific
- Peer groups

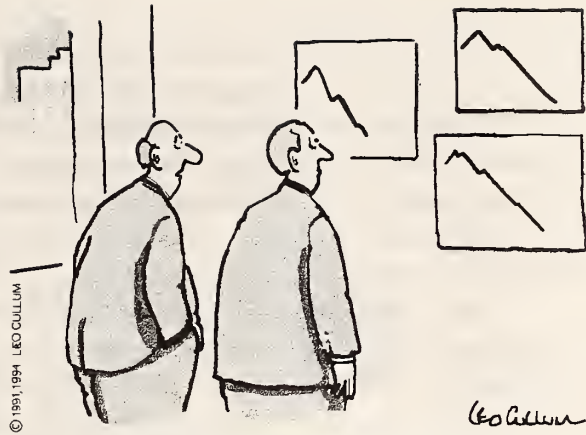
Confirming the Opportunity to Improve Care

Once you have received the sample data, use the analytic techniques most appropriate for answering the question as to whether or not there is an opportunity to improve care. Usually, complex statistical analysis will not be needed. The results of the data analyses should be compared to your objectives for the project, thus determining whether to continue in the project process. This is another checkpoint for your project, before you move toward a comprehensive intervention strategy.



Collect and analyze your data.

*Make sure
your project
is supported
by data.*



"Our real problem is these charts."

Analyzing Data

"Complex statistics are not what are needed here. Your analytical techniques need to answer the question of whether there is an opportunity to improve care in this topic area. As with collecting data, you need to produce only as much analysis as supports your indicator(s) and your outcomes.

Knowing if you have enough cases to analyze is challenging. It's important to have enough information that will let you show some significant difference.

When medical records are being abstracted to validate quality indicators or monitor project impact, you need to perform a power analysis to determine the minimum number of cases to be selected. Where the number of cases is small, power analysis should be used to assess whether this number is sufficient to reliably test the indicators under consideration.

Fundamentally, the detection of real differences should occur by virtue of collecting enough cases that allow for a decision about real versus random. The sufficient number of cases is usually around 30."

- Ed Huff, Ph.D.

In the first step of the "Do" phase of the PDCA cycle, you've identified and defined the quality indicator(s), collected and analyzed the data to confirm your opportunity to improve care, and begun to think about whether benchmarks for performance exist. This brings you to another decision point in the project process.

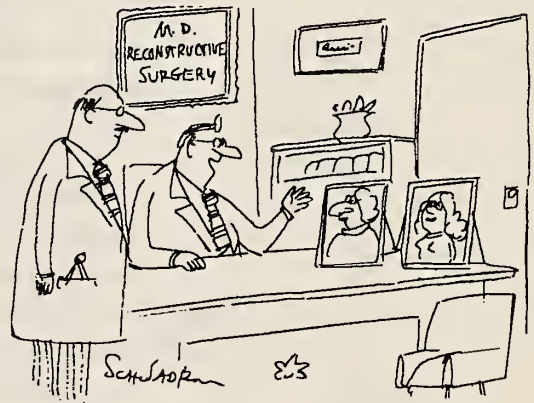


Benchmarking

"In the early 1880's, when Singer Sewing Machine Company built what was arguably the first mass-production factory, would-be magnates pored over it, eager to learn how they might exploit the new technology in their businesses. More than a century later, a commission set up by the Massachusetts Institute of Technology to report on the state of American industry concluded that the most successful firms still shared 'an emphasis on competitive benchmarking: comparing the performance of their products and processes with those of world leaders.' "

- "The Economist," May 1991

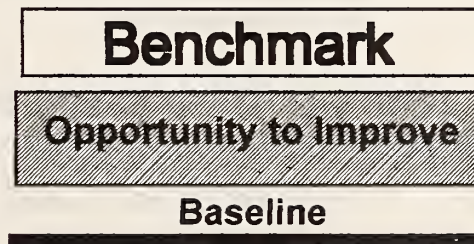
Measure improvement with benchmarks and baselines.



"That's my wife — before and after."

Parallel to your sample data collection efforts, you need to start thinking about what the benchmarks for the quality indicator(s) will be. A benchmark is a performance measurement tool used in conjunction with improvement initiatives to measure comparative operating performance and identify "best practices."

The essence of benchmarking is a continuous process of searching for best practices that lead to superior performance. Benchmarking is commonly separated into two components: metric and process benchmarking. *Metric* benchmarking measures the difference between observed performance and the attainable superior performance. This measure tells the organization or hospital where there is room for improvement, whereas *process* benchmarking explains why the difference exists and how to improve.



Comparing a provider's performance to a state's or peer group's average performance inevitably leads to either mediocrity, or, at best, minor gains in quality. By offering an attainable benchmark performance as a target, an average level of performance is no longer the comparison. Instead, attainable, "best practices" performance is the goal.

An individual hospital or provider must thoroughly understand its own processes and clinical practice patterns before comparison to "best practices" performance is conducted. The opportunity to improve may then be identified by comparing one's own performance to "best practices." Once this identification of an opportunity to improve has occurred, open and on-going communication with other hospitals or providers to facilitate the exchange of ideas is the key component in gaining understanding of *how* to improve.



*“Suppose you’re a regional sales manager who has just been given a raise. Your paycheck now tops \$75,000 a year. You’re pleased with the amount, but you’ve been with your company for several years. You wonder if your salary is keeping pace with the marketplace. To find out, you call a few professional associations and get ahold of some recent salary surveys. Or you call a few acquaintances in your industry or several executive recruiters. That’s competitive analysis. But suppose you wanted to find out what enables some people in similar positions to earn much more than you do. You contact five regional sales managers, both inside and outside your industry and interview them in depth. You ask about their education, their previous job experience, whether they had mentors, and what associations they belong to. You might even go so far as to look at how they dress or speak. In other words, you don’t want to know only how much they make, you want to know how they’re able to command such salaries. That’s **benchmarking**.”*

- Sales & Marketing Management, Nov., 1992

Developing and Conducting Interventions

“If the HCQIP and the PRO does its job, then the beneficiary of Medicare will experience care that’s more responsive to their needs, that is safe, lower in cost, and that ultimately produces better quality health care outcomes. It’s as simple as that.”

- Donald M. Berwick, M.D.
Pres. & CEO, Institute for
Healthcare Improvement

Intervention is what you do to preserve, provide, protect and promote. It's with you every step of the way through the Health Care Quality Improvement Program. But now we need to take that premise one step further and get specific. This portion of the "Do" phase of the PDCA Cycle is the actual intervention to change behavior that improves processes of care. This is what the project is all about.

Communicating with health care providers and/or beneficiaries may begin before or after completion of the data collection and analysis. The key is laying the groundwork early in the project process. Identify and convene opinion leaders and focus groups on quality of care related to the project. Involve health care providers in the interpretation of the data. Your partners should also be involved in identifying practices that will improve performance. By doing this, communication has moved from being one way (coming from only you) to multi-lateral (all parties are actively participating.)

The method you use to communicate will vary by project, health care providers and/or beneficiary. There's no one right way that will work for all projects! And what might work in one area might not work in another. In most cases, though, routine ongoing follow-up with collaborators will be needed throughout the intervention phase of the project. It will keep you advised of the progress of the project and will make you available to lend assistance to providers.

You may find that providers need your support with quality improvement activities. You might need to provide technical assistance; promote intra-health care provider communications on quality indicators; assist with literature reviews; facilitate expansion of inter-health care provider collaborations; and/or identify and support personnel involved in CQI activities or other organizations.

Activity

Think about the collaborators within your work community who could help to make the project successful. Do they have an interest in the quality of care issues related to this project? Have you communicated with any of them about the project before now? Do they understand the focus and the outcomes you are trying to achieve? What benefits could each collaborator bring to the project?

Take some time now to write down the names of the people or groups you can identify to be involved in the project. Try to think of each in terms of the above questions and others you may need to ask. Then answer the questions you've asked about that individual or group beside their name.

Name of Collaborator

Questions Answered

The following are good places to cultivate collaborators for the project:

- Hospitals
- Home health care providers
- HMOs
- Beneficiaries

Once you've identified the right people to be involved in the intervention, the exact message behind the project needs to be delivered. You need to build the knowledge base of those in your work community as an avenue for marketing this and other projects.

In the previous section, we touched on the marketing of a plan. Let's take a closer look at some of the methods and strategies that enhance that step in process and quality improvement.

Marketing The Intervention

You are responsible for developing and nurturing a knowledge base of health care providers' and beneficiaries' needs and interests. You build that base by having an understanding of:

- How continuous quality improvement activities are organized within local plans and providers; i.e., key contacts, planning cycles, etc.
- The current improvement activities health care providers are initiating
- The health care topics of interest to both providers and beneficiaries
- How providers and beneficiaries have responded to past project interventions
- Any clinical or operational issues of importance to providers and/or beneficiaries

Study and focus groups are a good method for gaining information and delivering your message. You may also choose to talk face-to-face or by telephone. Informational brochures for mailing can help to create cooperation and gain support. The information you deliver and the information you gain will meet your marketing objectives by:

- Making providers and beneficiaries aware of your Health Care Quality Improvement Program goals and objectives;
- Making providers and beneficiaries aware of specific projects that are in the planning or intervention stage to maximize participation;

- Making providers and beneficiaries aware of project results on a specific collaborative intervention. This can help to stimulate additional opportunities for improvement;
- Creating a demand for your services. Once providers and beneficiaries understand the nature of your business and the services you provide, they will participate more fully in the "Plan" stage of the PDCA Cycle.



Getting the Word Out

The key to any successful marketing campaign is communications. You should develop a communications strategy for each project. Present your information in a way that appeals to each group of collaborators.

Communications, in the most basic sense, is the sending and receiving of information.

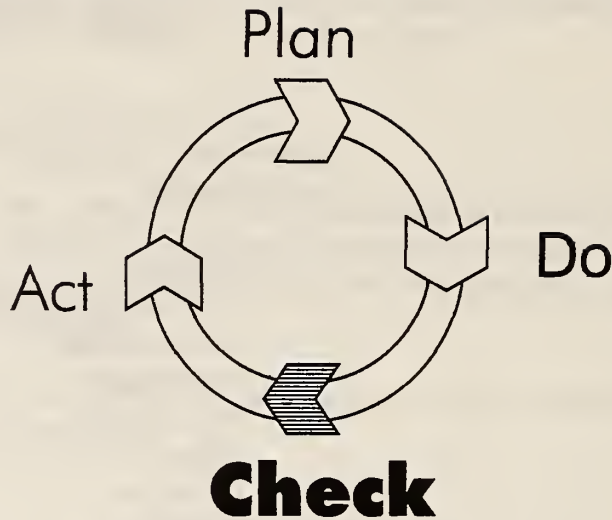


When "filters" get in the way of the direct link between the sender and the receiver, they can screen out or change information. Filters may not be intentional, and they can be a reasonable explanation of why people have trouble shifting paradigms.

7.

Remeasure And Evaluate

C = Check



We are now at the third step in the PDCA Cycle — Check. You have developed your project, confirmed the opportunity to improve care, and intervened to improve care. Now it's time to look at the results of process improvement. This is where you get to "check" the work that's been done.

Earlier we talked about the mission of the PRO breaking down into two broad functions:

- To promote quality health care services for Medicare beneficiaries
- To determine if services rendered are medically necessary, appropriate, and meet professionally recognized standards of care.

Promoting quality services can be thought of as the **Plan** portion of the PDCA Cycle, while the **Do** phase determines if the services meet professionally recognized standards of care. **Check** allows you to continue the cycle by looking at the process and evaluating how well you've intervened to improve the process. Have the customers gotten what they need?

The Check phase of the project process has two very important parts:

1. Measurement of the effect of the project on improved health care;
2. Evaluation of the project process.

A variety of project information will be available to help you complete these tasks. Your collaborators will be a constant source of reporting data as the intervention takes place. The communication links you have established and the ongoing dialogue with your team throughout the project process will make the collection and analysis of appropriate data more meaningful and accurate.

"For the staff to understand our commitment to process and quality improvement we had to set goals and objectives for them. But that wasn't enough. How would they see their efforts reaching those expectations unless they could measure their progress? So, we established incremental benchmarks for each work group. Those benchmarks motivated the staff and changed behavior. Process and quality improvement are a way of life around here now...it's just the way we do business."

-Karen Olsen, Subaru-Isuzu Automotive, Inc.
Leading Teams: Mastering the New Role

Remeasuring To Assess Impact

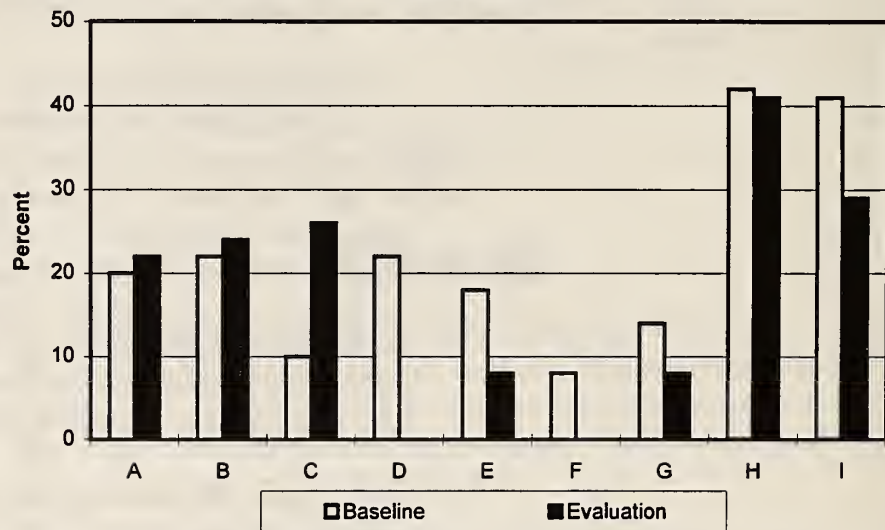
The data you collected and analyzed for the quality indicator(s) of the project established the present baseline performance of the particular health care procedure or practice. That baseline is the starting point for measuring the impact on improved care. Comparison of the baseline to the follow-up measurements for the quality indicator(s) gives you the measure of improvement the intervention was able to reach.

Another source for measurement is the health care providers' data on internal measurements of improvement. That information will have been accumulating over the life of the project and will give important statistics on which to base additional measurement. You will also want to evaluate the results of the project against your objectives — this is another means to evaluate your project.



Here are some examples of measurement data collected by Medical Review of North Carolina. These provide excellent examples of baseline and benchmark data. How do you present data to providers?

**Cases with Valid Measure Time
Between Presentation and Blood
Culture Order**



The following table reports process measures recommended by the study group for profiling.


Hospital	Abx Given Within 4 hrs (%)		Mean Hrs fr Adm to Abx (Hrs)		Sputum Smear Taken (%)		Sputum Culture Taken (%)		Blood Culture Taken (%)		X- ray Perfor med (%)	
	B*	E*	B	E	B	E	B	E	B	E	B	E
A	32	82	6.8	3	26	44	28	56	96	100	96	100
B	40	49	5.5	5.7	27	35	37	40	100	97	100	97
C	37	50	5.5	10.6	15	46	20	23	99	96	99	96
D	27	81	8.4	3.1	19	18	26	23	99	86	99	86
E	21	60	7.8	5.1	35	32	38	28	95	90	95	90
F	34	80	6.3	3	44	43	53	50	100	86	100	86
G	26	74	6.3	4	64	51	60	49	96	85	96	85
H	38	59	6.2	7.1	49	46	49	47	99	91	99	91
I	39	52	7.1	5.4	29	43	44	40	98	85	98	85

*note: B = baseline data E = evaluation data

Evaluating The Project

Checking and analyzing the measurements that verify improved care actually took place is only one portion of this step in the cycle. You also need to be looking at the big picture...the project process itself.

When looking to evaluate the overall success of the project, there are several questions you need to ask:

- 
- Did the project focus on a topic that was important?
 - Did the project have clearly specified objectives?
 - Was the project implemented in a way that had high impact?
 - Did the project have valid and reliable quality indicators?
 - Did the project measure baseline indicator performance and demonstrate an opportunity to improve care?
 - Were pertinent intervention strategies used to attempt to improve care? Were they linked to opportunities to improve care?
 - Was follow-up performance measured?

And, as your PRO develops more projects to improve care:

- ⇒ Is there a wide variety of topics, intervention models, and health care collaborators reflected in your PRO portfolio of projects?
- ⇒ As your PRO builds organizational capacity, are you seeing similar capacity building through successful CQI in the providers in your state?

There are a number of ways to evaluate a project. They include:

- ◆ Comparing baseline and follow-up measurements for the quality indicators
- ◆ Evaluating the results of the project against your objectives
- ◆ Using providers' data, including case reports on their internal measurements of improvement
- ◆ Using feedback provided by the providers and/or beneficiaries who participated in the project.



Communication is a two way street. The open lines of communication between you, your team, and your collaborators for the project have given you an opportunity to deliver information throughout every step of the PDCA Cycle. In order to consider the above questions effectively, you need to have a **feedback** system in place that lets you receive information on all aspects of the project.

Managing The Information Flow



"In order to compete effectively, we have to make use of all the advantages available. Information is one of our primary advantages. It's there for the taking. But how and when we use it could be the key to our success or failure as an organization."

- Cyrus F. Gibson

"The Information Imperative"

All the members of your team and your collaborators are senders and receivers of information and feedback during the project process. The potential for misinformation multiplies as you add more people to the process.

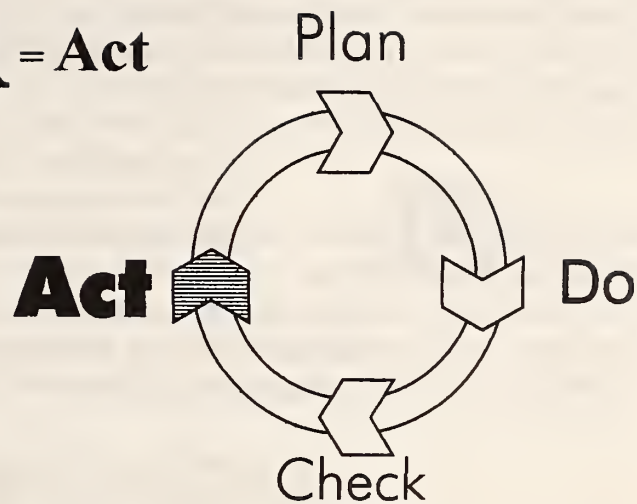
As the information load increases, be careful not to lose sight of the fact that each piece of information you send and receive could be critical to the outcome of the project. While it's true that information alone won't necessarily create outstanding performance, the lack of accessible, available, and accurate information could undermine your team's efforts to meet the objectives.

Do all you can to make sure that information gets to the people who need it, when they need it. Confirm that information is understood, accepted, and acted on. That's what constitutes information management during the project process.

8.

Improvement And Dissemination

A = Act



Throughout the project , you have been developing, refining, and implementing the objectives of a program of intervention, the quality indicator(s), the measurement and evaluation of the project, and your marketing, communications, and information flow strategies.

Now we get to close the loop in the first iteration of the PDCA Cycle and talk about the last step in your continuous process and quality improvement program.

We have talked about promoting professionally recognized improved standards of care as one of your main goals as a PRO. When you **act** on the project results that improved the quality and processes of care, that's exactly what you're doing....promoting.

One of the first steps in the **Act** portion of the cycle is to get the information where it needs to be and where it will be most beneficial.

The people who need and value the information at this point could be different from those you have worked with on the project.

When you think about who would benefit from knowing the outcomes of improved processes of care, it may also lead you to realize that you need to:



- Collect additional information, or
- Collect information of a different nature, or
- Look at whether additional interventions are warranted.

You can "act" on all the information to assess the possibility of further improving this project. What may have been missing to achieve your objectives?

You can "act" by collecting additional information to help improve the project process for future or concurrent projects.

You can "act" by discovering additional interventions that could get the project to the outcomes desired. What interventions does the information support?



"We've found that in repeating projects, measuring improvement...at least after the second go-round, we could transfer them to the hospitals. It's no good to get everybody starting to do things as well as they can and dropping it and not remeasuring it, just pretending it will take care of itself. It's not going to happen. This is the way we could in fact continue the cycle and be constantly looking for ways we could do things better."

- Jack McMahon, M.D.
Medical Director, PCC
Montana/Wyoming Foundation for Medical Care

Turning Over the Project

Most projects you implement will eventually be turned over to the provider for management. This will occur at different times with different projects. One of the best guidance tools to help you know the right time to give the project over is the quality indicator benchmarking you established in the "Do" portion of PDCA.

The measurement between the baseline performance and the improvement outcomes of your quality indicator(s) should have been met for you to turn over the project. This means the project has accomplished the quality and process improvement objectives and now needs consistent management of the same nature.



Dissemination of Results

A major portion of the "Act" phase of the project process involves doing something with the information from the "Check" phase. First, be sure to look at ways to continuously improve within the project you are working on. (This starts the "Plan" phase of the PDCA cycle over, as you build on the foundation you have begun.)

How do you determine if you need to repeat the PDCA cycle? When is a project "over?" Usually, a project can be considered complete when:

- You have reached a point of diminishing returns on results, or
- The project is performing at 100% (no additional room for improvement.)

Additional opportunities to improve care can be identified either within the original group of project collaborators or with additional collaborators.

Spread the word about your successes.



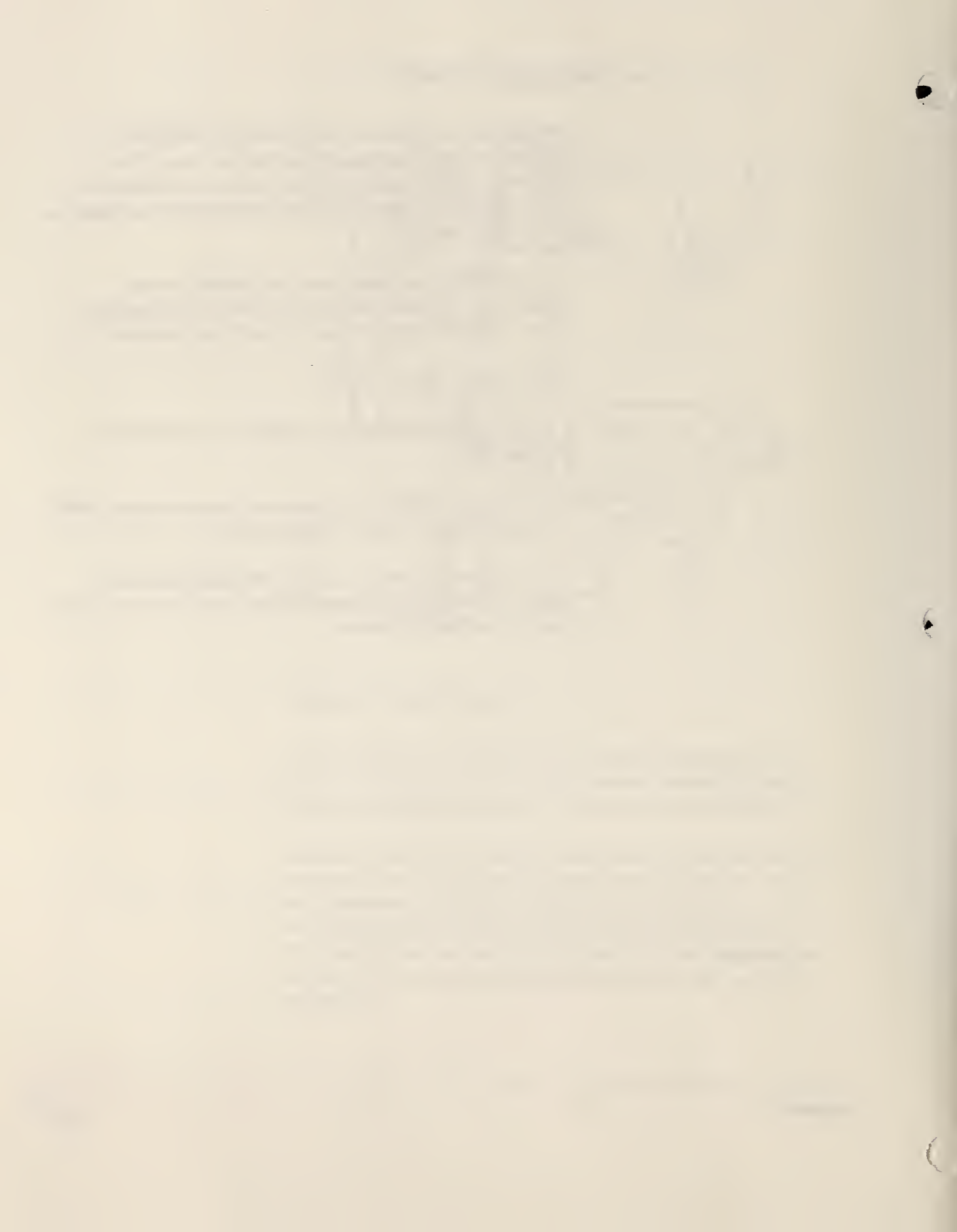
Spread The World

You also need to get the word out! Disseminate the results of your project through publicity, presentation, publishing, posters, mailings, professional organizations and public relations efforts.

Make sure the lines of communications and the information flow continue when you turn over the project to the providers. Your involvement and continued follow-up are just as necessary now as in earlier phases of the project. As part of that continuing information flow, the provider also may help open opportunities to identify new interventions that could improve the quality of health care.

Summary

- You can play a major role in improving the health care delivered to Medicare beneficiaries in your state. This workbook and the accompanying videos have described the major concepts and processes that can make you successful in your HCQIP projects.
- Try new techniques. Remember, you are working in partnership with health care providers and beneficiaries to make widespread improvement in health care processes.
- Use the PDCA cycle. It works.
- Communicate with your state's health care providers and beneficiaries.
- Be creative in selling your projects and your successes. Health care quality improvement is a great product!
- Refer to this workbook as you plan and implement your projects. Contact your Regional Office if you have procedure questions or need assistance.



Appendices

Appendix A

Preparing Your Presentation

How you present your plan for a project can have a significant impact on your success in recruiting partners and collaborators. An interesting, informed presentation, tailored to your specific audience, can go a long way in selling your project. Here are some guidelines for preparing a winning presentation.

Be creative in your presentations.



"It's his creative time."

How To Prepare

1. Know your audience.

Put yourself in their shoes. What background do they need? How much detail? What will get and keep their interest? What do you want them to get out of your presentation? An audience of staff physicians will probably have needs and interests different from those of a group of quality assurance administrators.

2. Have an objective.

Decide what you want to happen as a result of your presentation. Do you want the audience to do or decide something after the presentation? Do you want them to just absorb information?

3. Do your homework

Know enough about the topic to present it clearly. Have as many facts as you can to answer questions.

4. Decide the format

Think about the best way to stage your presentation. Try to include one or more of the following.

- Clear, readable visuals
- Handouts
- Flip charts
- Question and answer period
- Discussion

Use clear and interesting visuals in your presentations.



5. Design your delivery.

Decide if you want to script your presentation, use notes or an outline, or key words. The length and subject can help you decide which method is most comfortable for you.

6. Hold your audience's attention

Be conversational. Make eye contact with your audience. Involve them in discussion. Ask questions of them. Try not to read from a script.

7. Plan the flow of your presentation.

Divide your talk into the following parts:

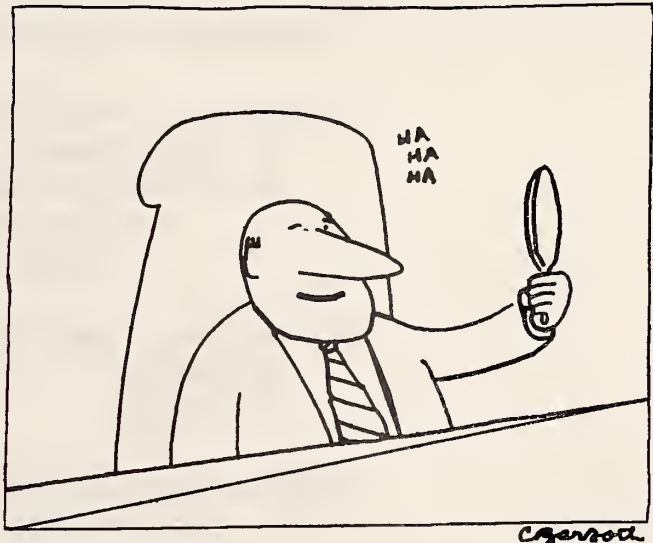
- Opening grabber...it gets the audience's attention and can convince them that listening is worthwhile.
- State your objectives. Tell them what you hope will happen as a result of your talk.
- The body — the meat that spells out the specifics
- Closing — a summary of issues and facts, a reminder of benefits of the project and a recap of what you want from the audience

8. Materials and equipment

Make a list of everything you'll need to take with you — from visual equipment to felt tip markers.

9. Dress Rehearsal

Read your presentation aloud in a quiet place where you won't be interrupted. Record your presentation to see if your facial expressions match the tone of your presentation. Practice with all of your materials and equipment. Edit your presentation if you need to. Try a practice presentation in front of staff members.



Practice your presentations.

Appendix B

Narrative Project Document

Narrative Project Document

I. Project Identifiers

- A. PRO state
- B. PRO name
- C. Project number
- D. Title of project
- E. Date of initial Narrative Project Document submission
- F. Version number
- G. Date of current version
- H. Contact person at PRO
- I. Regional Project Officer
- J. Scientific advisor from the regional office

II. Objectives

III. Background

- A. Need
- B. Potential for change
- C. Preliminary studies

IV. Methodology - Quality indicator development

- A. Quality indicator statement
- B. Development description

V. Methodology - Data sources and collection methods

VI. Methodology - Project population

- A. Setting of project
- B. Case selection (sampling)
 - 1. Baseline measurements
 - 2. Follow-up measurements

VII. Methodology - Data analysis

- A. Baseline
- B. Follow-up

VII. Methodology - Intervention

- A. Direct intervention
- B. Indirect intervention and external partners

IX. Methodology - Feasibility and risks

X. Results

- A. Baseline measurement
- B. Target audience (collaborator) participation and interim evaluations
- C. Follow-up measurements/assessment of impact

XI. Conclusions

- A. Conclusions from project findings
- B. Limitations of project findings
- C. Evaluation of project

XII. Appendix

- A. Bibliography
- B. Data collection forms
- C. ICD or HCPCS Codes
- D. Publications and feedback materials
- E. Evaluation instruments
- F. Best practices in improvement plans
- G. Other/Misc.

For more detailed information on what is to be filled into each of the fields, see your Narrative Project Document training guide.

Appendix C

Suggested Reading

MANAGEMENT PRINCIPLES

- Argyris, Chris. *Integrating the Individual and the Organization*
- Bennis, Warren. *The Planning of Change* (3rd ed.)
- Blake, Robert and Jane Mouton. *Managerial Grid*
- Deming, W. Edwards. *Out of the Crisis*
- Gale, Frank M., M.D. *Tales in Pursuit of Quality Health Care*
- Gitlow, Howard and Shelly Gitlow. *The Deming Guide to Quality and Competitive Position*
- Gordon, Thomas. *Leader Effectiveness Training: L.E.T.*
- Ishikawa, Kaoru. *What is total Quality Control? The Japanese Way*
- Joiner, Brian and Peter Scholtes. "The Quality Manager's New Job." *Quality Progress*. October, 1986: 52-56
- Juran, Joseph M. *Juran on Planning for Quality*
- Kepner, Charles H. and Benjamin B. Tregoe. *The New Rational Manager*
- Likert, Rensis. *New Patterns of Management*
- Mann, Nancy. *The Keys to Excellence. The Story of the Deming Philosophy*
- Schein, Edgar. *Organizational Culture and Leadership*
- Scherkenbach, William W. *The Deming Route to Quality and Productivity*
- Senge, Peter. *The Fifth Discipline and The Fifth Discipline Field Book*
- Townsend, Patrick. *Commit to Quality*
- Walton, Mary. *The Deming Management Method*

TOOLS

- Kume, Hitoshi. *Statistical Methods for Quality Improvement*
- Landwehr, James M. And Ann E. Watkins. *Exploring Data*
- Shingo, Shigeo. *Zero Quality Control: Source Inspection and the Poka-yoke System*
- Wheeler, Donald J. and David S. Chambers. *Understanding Statistical Process Control*

FUTURE TRENDS

Bennis, Warren. *"Leadership in the 21st Century."* Training, May, 1990
Clarke, Arthur C. *Profiles of the Future*
Crosby, Philip B. *Quality is Free*
Drucker, Peter. *Managing in Turbulent Times*
Garwood, David, and Michael Bane. *Shifting Paradigms: Reshaping the Future of Industry*
Gleick, James. *Chaos, Making a New Science*
Harmon, Willis. *An Incomplete Guide to the Future*
Horgan, John. *"Profile: The Reluctant Revolutionary."* Scientific American, May 1991
Kuhn, Thomas S. *The Structure of Scientific Revolutions*
Langer, Ellen. *Mindfulness*
Naisbitt, John. *Megatrends: Ten New Directions Transforming Our Lives*
Pirsig, Robert. *Zen and the Art of Motorcycle Maintenance*
Smith, Adam. *Power of the Mind*
Taylor, Frederick W. *The Principles of Scientific Management*
Toffler, Alvin. *Future Shock*

TEAM CONCEPTS

Dumaine, B. *"Who Needs a Boss?"* Fortune, May 7, 1990
Hoerr, J. *"Work Teams Can Rev Up Paper Pushers, Too"* Business Week, Nov. 28, 1988
Hoerr, J. *"The Payoff from Teamwork."* Business Week, July 10, 1989
Lee, C. *"Beyond Teamwork."* Training, June, 1990
Sims, H.P., and Dean, J.W. *"Beyond Quality Circles: Self Managing Teams."* Personnel, Jan. 1985
Walton, R.E. *"From Control to Commitment in the Workplace."* Harvard Business Review, Mar.-Apr. 1985

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